DOC # 0644006
05/10/2005 01:37 PM Deputy: PK
OFFICIAL RECORD
Requested By:
JACK SHEEHAN

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 5 Fee BK-0505 PG-04146 RPTT: 18.00



APN# 1319-10-101-007

Recording Requested By:

Name: JACK SHEEHAN, ESQ. P.O. Box 1599 Minden, Nevada 89423

When recorded mail to:

Ms. Patricia L. Neales P.O. Box 233 Genoa, Nevada 89411

AFFIDAVIT DEATH OF A JOINT TENANT

## **AFFIDAVIT-DEATH OF A JOINT TENANT**

STATE OF NEVADA	)	
	:	SS
COUNTY OF DOUGLAS	)	

I, PATRICIA L. NEALES, of legal age, being duly sworn, deposes and says that WILLIAM KORTRIGHT NEALES JR., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as WILLIAM K. NEALES named as one of the parties in that certain Grant, Bargain and Sale Deed recorded June 28, 19999, executed by SHIRLEY J. SMITH, an unmarried woman and CONNIE THOMAS, an unmarried woman, to WILLIAM K. NEALES AND PATRICIA L. NEALES, husband and wife as joint tenants with right of survivorship recorded as instrument number 0471237, on June 17, 1999 in Book 0699, Page 5770, of Official Records of Douglas County, Nevada, covering the following described property:

SEE EXHIBIT "A" ATTACHED

APN #: 17-072-19

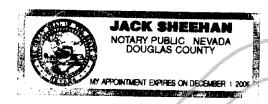
DATED this / day of april , 2005.

PATRICIA L. NEALES

BK- 0505 PG- 4147

### SUBSCRIBED and SWORN to before me

this 14 day of april , 2005.



#### WHEN RECORDED MAIL TO:

**PATRICIA NEALES** P.O. Box 233 Genoa, Nevada 89411



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P. 02

EXHIBIT "A"

# LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

A parcel of land situated in and being a portion of the Northeast 1/4 of the Northeast 1/4 of Section 9, and the Northwest 1/4 of Section 10, all in follows:

Parcel 2 as set forth on that certain Parcel Map for Dan Hickey, filed for record in the office of the County Recorder of Douglas County, State of Nevada on August 29, 1989, in Ecok 889, Page 4299, as Document No. 209745.

STEWART TITLE OF DOUGLAS COUNT IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

'99 JIN 28 P4:00

0471237 BK0699PG5771 POOTECONCER PAIC AT DEPUTY

# **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

. [	<b>-</b>		CERTIFICATE OF	F DEATH	Γ(	\	
ı	LOCAL FILE NUMBER	•		LDATE OF DEATH	(Month, Day, Year)	STATE FILE NUMBER	
TYPE OR PRINT	DECEASED-NAME First	Middle	Last			1	
PERMANENT		Kortright	NEALES Jr. ER INSTITUTION—Name (# not either	2. Februa	ry 4,2001	3a. Carso	
BLACK INK	CITY, TOWN OR LOCATION OF DEA	1			Rm. Inpatient (Specity)	N . N. I.	Mala
DECEDENT	3b. Carson City	3c. Car	son Tahoe Hospit	a1 GE-Last UNDER 1	YEAR   UNDER 1 DA		Male ., Day, Yr.)
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic C specify Mexican, Cuban, Pu	erto Rican, etc.	rthday (Years) MOS	DAYS HOURS MI	8. May 24	1937
	5. White	6.	78	nighest MARRIED, NEV	ER MARRIED.	SURVIVING SPOUSE (If wife	give maiden name)
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COU	grade completed.	WIDOWED, DIV	ORCED	12. Pat Hokan	SOD
OCCURRED IN INSTITUTION	9a California	9b U.S.A.	10. 14	111. Fla	rried	iz fat Hokan	5011
SEE HANDBOCK REGARDING	SOCIAL SECURITY NUMBER	Working Life, Even if Re	Give Kind of Work Done During Most o tired)	550 060		1	
COMPLETION OF RESIDENCE ITEMS	-3016		Oreman	14b. T	nsulation I	THINSHIP CHE	LIMITS
	TILESIDENCE OFFICE	OUNTY		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			es
->	100:	b Douglas	15c. Genoa MOTHE	R-MAIDEN NAME	entenial St	Middle L	ast
PARENTS	FATHER-NAME First	Middle				na at	$\langle \ \rangle$
PAREVIO	16. William	Kortright	Neales 17.	Dorothy (Street or	F.F.D. No., City or Town,	Rial State, Zip)	<del>-</del>
	INFORMANT—NAME (Type or Print)						11
	18a. Patricia Nea	ales .	186 200 Cent	<u>enial Street</u>	LOCATION	- 1 COC	State
. (	BURIAL, CREMATION, REMOVAL, C				la Careo	n City, Neva	da
DISPOSITION	19a. Cremation	19b.	Walton's Sierra	SS OF FACILITY TY		pel of the V	
DISPOSITION	ONERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	LICEN	OF AUGURED		ifton s cha	City Movada	89706
Ļ	20a. ) 1999 1	JUMP 206.	9   20c, 1281 N	I. Roop Stree	of examination and/or inv	estigation, in my opinion de the dause(s) and manner s	ath occurred
ſ	due to the cause's) states	oge, death occurred at the time,	de ano piace arri	1.5	- <b>M F F F F F F F F F F</b>	the deuse(s) and manner s	9307
	A TO THE DEST OF MINUME AND THE PROPERTY OF TH	/ VII HOUR OF	NEATH.	(Signature and Till De DATE SIGNED (#		HOUR OF DEATH	
	DATE SIGNED (Mo., Da)			0.8 E. De 22b.	5-01	22c. 1306	•
CERTIFIER	SŽ 21b.	21c. PHYSICIAN IF OTHER THAN CI	1306 RTIFIER (Type or Print)		DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Ho	ur)
<u> </u>	PE NAME OF ATTENDING			22d. ON 2	-4-01	22e. AT 1300	0
	Ö 21d.	OF CERTIFIER (PHYSICIAN, AT	TENDING PHÝSICIAN, MEDICAL EXA	MINER, OR CORONER). (T)	rpe or Print.)	LICENSE NUMB	ER
	17.00	_ % % A√ 25	A-NED GALF M	ICCCP (DOGN	1141 NV X97	70/ 23b. 93	307
	REGISTRAR	ESELER, DEP	DATE RECEIVE	D BY REGISTRAR (Mo., Da	(, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE	
CONDITIONS IF ANY	1 1/1	IN R KIL	he en 1 240. Fe	6-9.2001	24c. YES	NO 🔀	
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (ENT	ER ONLY ONE CAUSE PER LI	NE FOR (a), (y), AND (c).)			interval between o	nset and death
CAUSE STATING THE	Comde	ac arrest					
CAUSE STATING THE UNDERLYING CAUSE LAST		CONSEQUENCE OF:				• Interval between o	nset and death
/	Dank ah	le payte MT	And the second s			•	
_/.└→	DUE TO, OR AS A	le acute MI CONSEQUENCE OF:				Interval between o	inset and death
/ /	<b>\</b>	***************************************				•	
CAUSE OF	PART OTHER SIGNIFICANT C	CONDITIONS—Conditions contril	outing to death but not resulting in the u	inderlying cause given in Pa	Yes	pecify WAS CASE REFE or No.   CORONER (Speci	y Yes or NO)
DEATH	II.	^			26. No	27. Ye	S
1 1	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DESCRI	BE HOW INJURY OCCURRE	ED ·		
\ \	OR PENDING INVEST. (Specify) 28a.	28b.	28c. M 28d.			OT TOWN	ATE
- / · · ·	INJURY AT WORK	PLACE OF INJURY—At home, building, etc.	farm, street, factory, office LOCATIO	ON. STREET O	R R.F.D. No.	CITY OR TOWN ST	AIE
1	(Spacty estat No)	28f.	28g.				·
\ \	NA OF THE STATE OF	PIRANI BRIS BING I		BK- 050	ا 5	No.17722	13
7	OFFICE WAY	<u> </u>		PG- 4150	J		
3	STATE OFFICE AND A	0644006 Pa	age: 5 Of 5	05/10/2005	<b>)</b>		
3	是 2000年		STATE REGISTR	AH	1.		٠ د و
					wonne	_ Jyw	
		This is to certify the of the certificate or	at the above is a true and	соггест сору	/	/	JMV
	STEEL STORY	or the certificate of		ED 0 7	2 Augustalian and Comment		
	THE THE PARTY OF T	Date Issued:	<b>h</b>	EB 2 7 2001	Sta	te Registrar	